

## Application Data Sheet

### Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: Subtle Mitochondrial Mutations As Tumor Markers

Attorney Docket Number:: 001107.00224

Request for Early Publication?:: NO

Request for Non-Publication?:: NO

Suggested Drawing Figure::

Total Drawing Sheets:: 2

Small Entity?:: NO

Latin name::

Variety denomination name::

Petition included?:: NO

Petition Type::

Licensed US Govt. Agency:: National Institutes of Health

Contract or Grant Numbers:: CA43460

Secrecy Order in Parent Appl.?:: NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Hungarian  
Status:: Full Capacity  
Given Name:: Kornelia  
Middle Name::  
Family Name:: POLYAK  
Name Suffix::  
City of Residence:: Brookline  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 1856 Beacon Street  
Apartment 6F  
City of mailing address:: Brookline  
State or Province of mailing address:: MA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 02445

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Bert  
Middle Name::  
Family Name:: VOGELSTEIN  
Name Suffix::  
City of Residence:: Baltimore  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: 3700 Breton Way  
City of mailing address:: Baltimore

State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 21208

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Kenneth  
Middle Name:: W.  
Family Name:: KINZLER  
Name Suffix::  
City of Residence:: BelAir  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: 1403 Halkirk Way  
City of mailing address:: BelAir  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 21015

### **Correspondence Information**

Correspondence Customer Number:: 22907

### **Representative Information**

Representative Customer Number:: 22907

## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation	09/377,856	08/20/99
09/377,856	Non-Provisional	60/097,307	08/20/98

## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

## Assignee Information

Assignee name:: The Johns Hopkins University  
Street of mailing address:: 720 Rutland Avenue  
City of mailing address:: Baltimore  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 21205